

May 19, 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS (139)

JUNE 30, 2006 IS THE DEADLINE FOR ALABAMA MEDICAID PROVIDERS TO FILE FOR REIMBURSEMENT UNDER THE FEDERALLY-APPROVED PLAN TO REIMBURSE STATE PROVIDERS FOR MEDICALLY-NECESSARY SERVICES DELIVERED TO VICTIMS OF HURRICANES KATRINA AND RITA. A LIST OF DESIGNATED COUNTIES, CLAIM-FILING INSTRUCTIONS AND FORMS FOR PROVIDERS ARE AVAILABLE ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV.

ATTENTION: PHYSICIANS

THE ALABAMA MEDICAID AGENCY HAS CORRECTED THE PROBLEM FOR CLAIMS DENYING FOR OFFICE VISIT WITH MODIFIER 25 AND ADMINISTRATION CODE COMBINATION. YOU MAY NOW RESUBMIT YOUR CLAIMS.

ATTENTION: DURABLE MEDICAL EQUIPMENT PROVIDERS (097)

THE ALABAMA SUPPLIES, APPLIANCES, AND DURABLE MEDICAL EQUIPMENT FEE SCHEDULE IS NOW AVAILABLE ON THE MEDICAID WEBSITE AT WWW.MEDICAID.STATE.AL.US. EFFECTIVE 04/01/2006 DME RATES WERE UPDATED.

TO BE CONSISTENT WITH MEDICARE, EFFECTIVE FOR DATES OF SERVICE 05/01/2006 FORWARD, THREE RENTAL CODES (B4034, B4035, AND B4036) WILL PAY PER DAY INSTEAD OF PER MONTH. FOR THESE CODES, PROVIDERS NEED TO BILL THE ACTUAL NUMBER OF DAYS FOR THE RENTAL INSTEAD OF THE ONE MONTHLY UNIT.

EFFECTIVE 05/01/2006 PROCEDURE CODE A4627 (SPACER, BAG OR RESEVOIR WITH OR WITHOUT MASK) WILL NO LONGER BE COVERED THROUGH THE DURABLE MEDICAL EQUIPMENT PROGRAM. THIS DEVICE WILL BE BILLABLE THROUGH THE PHARMACY PROGRAM USING NDC CODES.
